## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12-19-2013	Address:	1500 BLOCK HART STREET
Incident#:	13ISPC012300		VINCENNES, IN 47591
County:	KNOX		LAB IN VEHICLE - CRASH
Type of Lab	owodura the		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul> <li>✓ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	: <b>Location</b> (bedroom, kitchen, open air, o apply) r Birch Reaction(s): <u>VEUICLE</u>	<u>ete)</u>	
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s): <u>VEHICLE</u>			
Flammable Solvents: <u>VEITICLE</u>			
Water Reactive Metal (Lithium): <u>VEHICLE</u>			
Anhydrous Ammonia:			
Corrosive Acid: <u>VEHICLE</u>			
☐ Corrosive Base: <u>VEHICLE</u>			
Other (item and location):			
Vchicle Inform	nation:		
Owner: VIN: Year:	JOSHUA D. RYAN 3B7HC12Y4XG222016 1999	Make; Model:	DODGE, RAM
Child under age 18 discovered (check appropriate)  Yes (number present)  No Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring:Additional Information: VEHICLE INVOLVED IN CRASH	
Fire Department Health Departm	s been faxed* or emailed to the follow the City, Township or County <u>VINCEN</u> tent County: <u>KNOX CO HD</u> Child Services Hotline: deshotlinerepa	INES FD	Fax:
For further inform	nation regarding this methampherami	ne laboratory vertee	•

Investigating Officer: RYAN M. JOHNSON Phone 812-867-2079

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.